

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

By providing the information requested below, you authorize Wesleyan Investment Foundation (WIF) to initiate transfers into and out of your checking or savings account. This is a free service. To request a transfer you will need to contact our office by phone or through your Online Account Access. Security Questions will be verified when requesting transfers. Withdrawals from your WIF account to your bank account will usually be available by the next business day. We recommend that you verify the funds have been received before you draw on them. It is your responsibility to notify WIF in writing if your account changes or if you wish to stop a recurring transaction. WIF is not responsible for any overdraft fees or other charges resulting from an automatic debit.

WIF Account #			
Name(s) on Account			
Phone #	Alt. Phone #	Email Address	
Account Holder Signature*		Date	
REPLACE OR ADD? Replace Ba	ank account on file OR A	dd Bank Account (maximum of 4 Ba	ank accounts)
OPTIONAL TRANSFER INFORMAT	ON		
For Immediate or Recurring Deposits to WIF: Please take into consideration weekends and holidays.		For Immediate or Recurring Withdrawals from WIF: Please take into consideration weekends and holidays.	
Transfer Amount: \$ One-Time		Transfer Amount: \$ One-Time	
BANKING INFORMATION			
Please attach a check marked void be	low OR fill in the information	below.	
Type of Account:	Checking Savings		
Name of Bank			
Bank Routing #			
Account #			
Name on Accou	unt		
	Name on account must be san	ne as WIF account holder. Third party transf	fers are not permitted.

*This form is not valid unless signed.